

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	HS		10/5/99
O.I.P.E. CLASSIFIER		59	10/12
FORMALITY REVIEW		77008	10-8-99

## **INDEX OF CLAIMS**

✓ .....	Rejected	N .....	Non-elected
= .....	Allowed	I .....	Interference
— (Through numeral)...	Canceled	A .....	Appeal
÷ .....	Restricted	O .....	Objected

Claim	Date	
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If more than 150 claims or 10 actions  
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